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TO THE EMPLOYEES

THE DEPARTMENT OF HUMAN SERVICES

responsibilities and to advise all employees of the Steps Procedure at the end of the Booklet, should be Department's standards for on-the-job performance. The closely reviewed. Table of Offenses and Penalties, as well as the Corrective Each Institution and Agency has an Employee Rela-

Action Booklet. This will ensure that all of us are working within the same clear, stated guidelines and rules, and review and understand the contents of the Disciplinary will, in turn, lead to the expectation of fair and consistent trealment within this framework. It is important that all supervisors and employees ADMINISTRATIVE ORDER 4:08.

help department supervisors meet their managerial provide information relative to the administration of tions Office with staff available to answer questions and The purpose of the Disciplinary Action Booklet is to

Atkinson NJDC Policies 30

Fax:9732563468

## ADMINISTRATIVE ORDER 4:08

# DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE January 1, 1981

DATE ISSUED December 1, 1980
STIP IFCT: DISCIPLINARY ACTION P

SUBJECT: DISCIPLINARY ACTION POLICIES AND RESPONSIBILITIES

This ADMINISTRATIVE ORDER establishes policies and responsibilities for the employee disciplinary action function within the Department.

- REPORTING TO THE DEPUTY COMMISSIONER, THE DIRECTOR OF EMPLOYEE RELATIONS CARRIES THE FOLLOWING RESPONSIBILITIES:

  A. To direct the administration and application of this ADMINISTRATIVE
- B. To compose, promulgate and direct the administration and application of a series of directives for the administration of the disciplinary process for all employees within the Department.
- C. To prepare DEPARTMENT OF HUMAN SERVICES TABLE OF OFFENSES AND PCHALTIES with the necessary explanations and directions for implementation and application, which upon acceptance would be considered a part of this ADMINISTRATIVE ORDER.
- To establish a system to post-audit disciplinary actions.

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- To act as the Department representative in all matters of employee discipline.
- To evaluate employee relations training needs and in cooperation with the Department's Training Officer miliate measures to meet those needs.
- RESPONSIBILITIES OF DEPARTMENT APPOINTING AUTHORITIES

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- To assure compliance with this ADMINISTRATIVE ORDER and any directives for the administration of the disciplinary process for all employees.
  To necessary an individual responsible for the administration of the disci-
- B. To designate an individual responsible for the administration of the disciplinary process.
- C. To bring to the attention of the Director of Employee Relations any significant problems related to the disciplinary process.

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## DEPARTMENT OF HUMAN SERVICES

ADMINISTRATIVE ORDER 4:08

Supplement 1

EFFECTIVE DATE: January 1, 1981

DATE ISSUED: December 1 1980

SUBJECT: TABLE OF OFFENSES AND PENALTIES AND THEIR APPLICATION

The allached TABLE OF OFFENSES AND PENALTIES accepted and

incorporated in this SUPPLEMENT to ADMINISTRATIVE ORDER 4:08 represent the Department's policies of corrective rather than punitive actions, progressive discipline, a progressive range of penalties for a specific type of offense, and the consideration of appropriate and demonstrable mitigating factors.

All penalties imposed must be within the range of penalties set forth in the TABLE for the particular type of offense and the number of the infraction, unless consideration of mitigating factors would cause the penalty to be deemed inappropriate. Mitigating factors can be length of service, disciplinary record, or other legitimate reasons.

The TABLE OF OFFENSES AND PENAL DES indicates where corrective steps of counselling aral warnings and written warnings may be taken in lieu of disciplinary action. A record of corrective steps taken is to be made and maintained by the appropriate supervisor and the employee is to be offered a copy of that record. The record of a corrective step is not to be placed in the employee's official personnel file. Unless such is used in determining the penalty for a subsequent offense of the same nature. If appropriate, a prior offense which resulted in a corrective step being initiated must be considered when computing the number of the infraction of a subsequent like offense.

The TABLE does not rellect the disciplinary action of "lines." Fines can be instituted as substitution for suspensions or to have an employee make restitution to the State for lost, destroyed, or damaged property.

Atkinson NJDC Policies 31

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ADMINISTRATIVE ORDER 4 08

	BLE OF OFFENSES AND PENA	~ <del>~</del>		*				3rd	4th	Sth	
	TYPES OF OFFENSES		INFF Min.	TEI TACTION Mex.		ING ACTION - Max.	INFI Min.	PACTION - Mex.	INFRACTION Min Mex.	INFRACT	ION Mex.
	ATTENDANCE  I Absent from work as scheduled without permission and without giving proper notice of intended absence	,	ww	ÓЯ	QR.	R		R			-
	Absent from work as scheduled without permission but with giving proper notice of intended absence.		С	ww	ww	OR	ОĦ	R	A	·	···
~~	Abandonment of job as a result of absence from work as scheduled without permission for tive (5) consecutive days.	1		R			,				
	Chronic or excessive absenteeism from work without pay	-†:	<del>с —</del>	ww	ww	OR	OP	А	R		
	Unreasonable failure to report delay in reporting to work as scheduled.	7	Ċ	ww	ww	OR	OR	R	A		•
-	6. Unrensonable excuse for taleness of less than filteen (15) minutes	+	c	ow	ow	ww	ww	OH	OA R	A	

XEY C = Counselling
OW = Oral Warning
WW = Writen Warning

OR - Official Reprimend

Number of Warking Days Suspension
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ADMINISTRATIVE OFDER 4:08 Supplement 1

1	TYPES OF OFFENSES	1	191 TACTION — Max.	INFI Min.	2nd RACTION - Mms,	INF Min.	AACTION - MAX,	INFRACTION Min Max.			INFRACTION Min Max		
	7. Repetitive or neglectful lateness of less than fifteen (15) minutes with a reasonable excuse	С	ow	ĠW	ww	ww	OR	OR		· A	я		
	8 Unreasonable excuse for lateness more than lifteen (15) minutes	С	ww	ww	OA	OR.	A		Я				
-	9. Abuse of sick leave	ww	OR	OR	100	100	А		R				
	10 Refusal or failure to work overtime without a reasonable excuse	c	OR	OR	3d	3d	105	10a		FI.	Ą		
	11 Leaving assigned work area without permission but not creating a danger to persons or property	С	Sd	Sd	R		Ą						
	12 Leaving assigned work area without permission creating a danger to persons or properly.	Sd	А		A								
-	PERFORMANCE  1 Neglect of duty, loaling, idleness or willful failure to devote attention to tasks which would not result in causing a danger to persons or property.	c	ww	ww	OR	OA.	R		R				

KEY C - Counselling OW - Oral Warning WW - Written Warning

OR = Official Reprimand
d = Number of Working Days Suspension
D = Demotion
R = Removal

Atkinson NJDC Policies 32

ADMINISTRATIVE ORDER, 4.08 Supplement 1

TABLE OF OFFENSES	AND PENALTIES

		TYPES OF OFFENSES		INFRAC Min. –	MOITS	INF	2nd RAC	TION	INFF Min.	3rd ACTION — Mex		FRAC	TION Mag.	iNFF Min.	Sth IACTION Max
	2	Neglect of duty, loafing, idleness or wilful failure to devote attention to tasks which could result in danger to persons or property		5d	R	-	A	;							
_	3	Sleeping while on duty	2	sa	A		R								
	4	Fallure or excessive delay in carrying out an order which would not result in danger to persons or property		c .	OR	OR		100	10d	· f	1	R	<b>-</b>	<b></b>	,
~	5	Failure or excessive delay in carrying out an order which could result to denger to persons or property.		Şa	Я		A	-							
-	6	Serious mistake due to carelessness but not resulting in danger to persons or property		C .	QΑ	OR.		R		R					
	7	Serious mistake due to carelessness which would result in danger and/or injury to persons or property		OR	A		A					*			

KEY C = Counselling OW + Oral Warning

OR - Officer Reprimend = Number of Working Days Suspension

WW > Written Warning

- Demotion
- Removal

ADMINISTRATIVE ORDER, 4.08 Supplement 1

		Types of Offenses		TIES  161 INFRACTION Min Mex.			INFI Min.	2nd RACTION — Mak.		3rd INFRACTION Min Mex.		4th ACTION - Max.	5th INFRACTION Min N	
<u>.                                      </u>	8	Unsatisfactory performence rating	-	c		R/D	-	R/D						
	9	Incompatency or inefficiency		c		A/D	ÓЯ	R/O	-	R/D	-			<del></del>
~-~	10	inability to discharge one's duty due to mental or physical incapacity.			R/D			····					-	
	PEF	TSONAL CONDUCT Reporting to work until for duly		С		ww	ww	PO.	OR	Ą		Ŗ		
	!	Selling or possession of alcoholic beverages or controlled dangerous substances while on State property			R			,						
•		Physical or mental abuse of a patient, client, resident or employee	3		R									
		Verbal abuse of a patient, client, resident or employee		104	<del></del>	A		Ř						

C = Counselling
OW = Oral Warning:
WW = Written Warning

OR - Official Reprimans

Number of Working Dayz Suspension
 Demotion
 Removal

ADMINISTRATIVE ORDER 4 08 Supplement 1

TYPES OF OFFENSES		161 ACTION — Max.	INFI Min.	and TAC	FION Max.	ed ACTION - Max.	INFR	IID ACTION MBR.	INFRA	th CTION - Max
5 Inappropriate physical contact or mistreatment of a patient, client, resident or employee.	OR	Я		R						
6. Unlawfully betting or gambling or promotion thereof on State property.	OR	100	104		R	Pt.				
7 Fighting proceeding a disturbance on State property	OR	R		R	·					
8 Fatsification intentional misstatement of material fact in connection with work, employment, application, attendance or in any record, report investigation or other proceeding	C	A		R						
9 Insubordination: intentional disobedience or refusal to accept a reasonable order assaulting or resisting suthority, disrespect or use of insuling or abusive language to supervisor	c	R	5d		B	A.				
10. Divulging confidential information without proper authority	c	R		R			<u> </u>			

C - Counselling
OW - Oral Warning
WW = Written Warning

OR - Official Reprimend

a - Number of Working Cays Suspension

Removal

ADMINISTRATIVE DADER 4.08 Supplement 1

TYPES OF OFFENSES.		18t PACTION - Max.	2n INFRAC Min '	TION	INFR	rd' ACTION - Mox.		4th ACTION - Max.		Sth IACTION - Mai
11 Any improper conduct which violates common decency	зe	ā	H							
12. Continual use of obscene language	ζ.	ΩH	ΩЯ	50	Sa	A		8		
13. Actual or attempted their of State property or equipment or the property of other employees residents, clients or patients	10	e R	R			.,		· · · · · · · ·		
14 Willful damage to State property or the property of other employees residents. Clients or patients.	(7)	a	R	··						
15 Unacceptable nersonal appearance or unhygrenic personal habits which jeopardize the health of employees residents clients or patients.	<u>.</u>	OR	14	34	30	15d	150	А		Я
16 Natoriously disgraceful conduct	300	A	F					, <b>.</b> -		
17 Misappropriation of funds		f4				·····························		. , , , , , ,	† ·	
18 Unawinonzed possassion of cuntraband on State property	 OR	5d	50	.—	†·· <b></b>	R				

KEY C. - Counselling OW - Oral Warring

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of Number of Working Davk Suspension

Discourance

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Demoval

Atkinson NJDC Policies 34

ADMINISTRATIVE ORDER 4:08 Supplement 1

		TYPES OF OFFENSES		INF Min	TEL RACTION - Max.	INFF Min.	2nd RACTION - Max.	3rd INFRACTION Min. — Mex.	4th INFRACTION Min. – Max.	5th INFRACTION Min. — Max
•	19	Conviction of criminal offense	4		FI					
	20	Discourlesy to public visitors patients residents or clients		ОН	10	10	100	R		
	21	Vending, soliciting, or collecting a contribution on State property without authorization		С	50	50	A	Я		· .
	22.	Religious prosetyfizing of patients, clients or residents.	-	OA	Sd	5d	я	R		,,,,,,,
	23	Distribution of written or printed matter on premises without authorization	<b> </b>	ww	50	Sa	10d	R		
-	24	Posting or removal of any matter on bulletin boards or State properly without authorization		ww	50	Sd .	10a	R		
		Threatening inlimidating, cuercing or interfering with fellow employees on State property.		OR	A	Эd	я	គ	•	

KEY C ~ Counselling OW ~ Oral Werning

OR - Official Reprimend

Www Written Warning

Number of Working Days Suspension

- Demotion

= Removal

ADMINISTRATIVE ORDER, 4:08

Supplement 1

#### TABLE OF OFFENSES AND PENALTIES 3rd INFRACTION INFRACTION INFRACTION TYPES OF OFFENSES INFRACTION INFRACTION Min. Max Min. - Max. Min. Mex Min - Max 26. William violation of any of the provisions of the Civil Service sumptes rules or regu-27 Engaging in any form of political activity aruon gnishow pnitub 28. The use or attempt to use one's authority or official influence to control or modify the political view of any person SAFETY AND SECURITY PRECAUTIONS 1. Negligence in performing duty resulting In injury to persons or damage to Diobaux 2. Negligently contributing to an elopement or escape 3. Willfully contributing to an elopement or ы escapa 4 Improper or unauthorized conduct with 50 н inmate work details

Counselling

OR - Official Reprenance

OW . Cital Warning

d : Number of Working Days Suspension

D : Demotion

WW : Written Warning

: Removal

ADMINISTRATIVE ORDER 400 Supplement 1

BLE OF OFPENSES AND PENA TYPES OF OFFENSES	i	H INK	ACTION Max.	INF Min	RACTION - MAR.	INF Min	PACTION - Max,	41h INFRACTIO Min M		Sth PACYION — Mins
5. Fadure to report loss of leads, equipment in ordines.	•	•	ithi	પ્રન	ρ		Ĥ			
6 Loss or careless control of keys	C.	noi	`ug	5d	10d	100	A	)4		*** *******
7 Violationof administralive procedures and/ or regulations involving safety and security	C	H H	д		[a	10d	Я	P		
8 Unlawful possession of breatms or other weapon on State property	-	• •••	H		, ,					
Failure to report injury labuse or accident involving patient resident or client	14	- ···· ·	5d	5ศ	100	100	R	A		
10 Violation of traffic laws while operating a State venice	c		10	10	5d	104	A	A		
11 Use of State vehicle for unauthorized or unofficial purposes	-   c		30	30	. 10a	100	FI	В		
12 Failure to observe parking regulations on State premises	c		· ww	ww	OR	OR	Sơ	5d 2	00	·

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WW = Written Warning

Number of Working Days Suspension Damotion

Removal

#### TABLE OF OFFENSES AND PENALTIES

ADMINISTRATIVE ORDER, 4.08 Supplement 1

	_	TYPES OF OFFENSES				TION Max.	INF		TION Max.			TION Max.	INFI Min.		TION Max.	INFR	Sin ACTION - Max
	13	Engaging in horseplay, running, sculling or throwing things		С	:	3d	3d		50	50		100		R			
	14	Engaging in sabolage or espionage			A			~			7						
	15	Entering restricted areas without specific permission		OR		. 20	20		ñ		R						
-	16	Failure to use safely idevices	-	OA		10	10		Sd	50		A		А		-	<del></del> -
· • •	17	Engaging in financial transactions between employees patients residents or inmates		OP		24	2d		A		R						
	18	Failure to repuri communicable disease	5	OP		R		A	<u>-</u> -	****							·
E	1	NERAL Violation of a rule, regulation policy procedure order or administrative decision		ζ.		В	50		я		Ŗ						····································
. –	2	Intentional abuse or misuse of authority or position		¢	• •	A	511		Р		A						

Олюн, Веритине

OW . Oral Warning Vinner Warning Number of Working Dava Suspension Outsidea.

Atkinson NJDC Policies 36

*,***,***	Case 2:06-cv-05485-PGS-ES Document 64-11 Filed 05/21/10 Page 22 of 26 PageID: 550
	North Jersey Developmental Center
-	Request for Approval of Leave of Absence Due to Illness
· <sub>`:</sub> .	Name: Phylis Atkrison 1600 Shift: 915_5.15.
).	Center Dept./Unit:
	EMPLOYEE INFORMATION:
	Family Member
	REASON FOR LEAVE: Personal Illness Maternity Family Memoer
ı	Family Leave 1991 Same Relationship
ı	Print Full Name/Relationship
	Continuous Intermittent (Family Leave only - 6 months at any given time)
	REQUESTED LETT 1. The beyond the period indicated below, I am required to submit both another
i	request for an extended leave of absence and a medical certificate.
Į	Date: // 04/05
ļ	Employee Signature: Note: All approved leave requests will be applied against Family Leave, providing the eligibility requirements are met.
. ]	(S. Diegall Ad. S.
	12.4.12.4.11.12.12.12.12.12.12.12.12.12.12.12.12.
	PRACTITIONER MEDICAL CERTIFICATION:  Month Day, Year
1.	Date of office visit: $[1]0 4 6 7$
	Month Day Year Month Day Year  Please specify duration of absence: [i 1]0 4]0 5 thru [b i]0 6 6
1.	***************************************
	PLEASE REFER TO CONDITION GUIDELINES ON REVERSE SIDE.
•	Please check the appropriate box for employee's condition:  Hospital Care
•	Absence Plus Treatment: Treatment of 2 or 3 times Continuous treatment  Enisodic condition
	Chronic Condition: Periodic visits Continue over extended period of time Episodic condition
•	☐ Long term condition requiring supervision ☐ Exposure to contagious disease
٠.	ICD CODE: Pepression.
•	_ /
	Extent of disability: PERMANENT TEMPORARY  Month Day Year
	If pregnancy disability: Expected date of delivery Month Day Year
	Extent of disability:    PERMANENT   TEMPORART   Month Day Year   Month Da
<u>)</u> -	
	Practitioner Signature: Multiway Print Name: Robert Wagner Date: 11 4 hos.  Office Address: 220 Hanking Tumpke Phone# 973-94727778
	Office Address: 220 Hanking Tumple Phone# 973-9420778
	OHIO Address.



#### new jersey division of pensions and benefits pensions and benefits information connection

#### **DIVISION OF PENSIONS AND BENEFITS**

#### **ESTIMATE OF RETIREMENT BENEFITS**

June 08, 2007

#### **PHYLLIS ATKINSON**

RE: 02-0568406

This Estimate of Retirement Benefits was prepared based on the following information:

	· ·		e constant in
Retirement Date:	09/01/2007	Type of Retirement:	EARLY /
	08/31/2007	Date of Birth:	08/17/1956
Service Termination Date: Pension Membership Credit as of	25 years 3 months	Nearest age at Retirement*:	51
Termination Date:	•	Salary used in calculation:	\$ 38,318.56
	THE STATISTICS OF THE STATISTI	Beneficiary's Date of Birth:	03/20/1976
Your Beneficiary:	TERRANCE L ATKINSON	Deficition S. Date of Bitti.	00/20: 10:0

<sup>\*</sup> If your age at retirement is under 55, the benefit calculation below includes a reduction of 1/4 of 1% for each month you are under the age of 55. There is no reduction if retiring on a disability retirement.

#### **PENSION Payment Options at Retirement**

Payment Option (You may choose only one.)	Annual Benefit	Monthly Benefit	Your Beneficiary's Benefit					
Define	\$ 15,480.60	\$ 1,290.05	No benefit payable to a beneficiary.					
Maximum Option	\$ 12,384.48	\$ 1,032.04	\$ 1,032.04 per month upon your death.					
Option A		\$ 1,083.64	\$ 812.73 per month upon your death.					
Option B	\$ 13,003.68	\$ 1,141.69	\$ 570.84 per month upon your death.					
Option C	\$ 13,700.28		\$ 308.64 per month upon your death.					
Option D	\$ 14,814.96	\$ 1,234.58	\$ 162,546.30 reduced each month by \$ 1,287.47.					
Option 1	\$ 15,449.64	\$ 1,287.47	\$ 1,044.94 per month upon your death.					
Option 2	\$ 12,539.28	\$ 1,044.94	\$ 1,044.94 per month upon your death.					
Option 3	\$ 13,777.68	\$ 1,148.14	\$ 574.07 per month upon your death.					
Option 4	N/A	,	None requested					
Life Insurance after Retirement:	\$ 7,711.62	Life insurand conversion:	se available for \$ 115,674.45					



## NORTH JERSEY DEVELOPMENTAL CENTER

DATE: 12/05/03

To: PHYLLIS ATKINSON PO BOX 961 PATERSON, NJ 07544

RE: INTERMITTENT FMLA APPROVAL

THIS IS TO ADVISE YOU THAT YOUR REQUEST FOR INTERMITTENT ABSENCES FOR Care of Son. HAS BEEN APPROVED FOR THE PERIOD 10/30/03 THROUGH 4/30/04.

CENTER CALL-IN PROCEDURES MUST BE FOLLOWED WHEN YOU WILL BE ABSENT FROM WORK DUE TO THE USE OF INTERMITTENT FAMILY LEAVE (refer to policy R-47).

IN ORDER TO BE CREDITED FOR USE OF FMLA AT THE TIME OF CALL-IN, PLEASE STATE THAT THE ABSENCE IS FOR FMLA, WHO THE ABSENCE IS FOR, AND IF NOT FOR THE EMPLOYEE, THE NAME OF THE FAMILY MEMBER AND THEIR RELATIONSHIP TO THE EMPLOYEE..

The Family and Medical Leave Act (FMLA) requires employers to provide up to 12 weeks of leave. Any absence will be counted against you FMLA entitlement.

Intermittent leaves of absence are approved for up to six (6) months and requests must be submitted for extensions.

FOR YOUR INFORMATION: An employee failing to provide the necessary documentation for unauthorized absences shall be held to have resigned not in good standing under Civil Service Rule: 4A:2-62. We would consider this letter to have served as sufficient notice.

If the leave is for an illness, a fully completed medical certificate is required. You may wish to use the enclosed form for this purpose. Your request will receive careful consideration and you will be notified as to whether or not your continued absences will be approved.

C: Payroll
Timekeeping
Work Unit
Employee File

7003 0500 0004 6834

OFFICE OF PERSONNEL SERVICES



ATKINSON PERS 242